

Pre-Application Webinar for:

**FY 2016 Tribal Maternal, Infant, and Early Childhood Home Visiting Program:
Implementation and Expansion Grants
Funding Opportunity Number: HHS-2016-ACF-OCC-TH-1162**

Thursday, February 4, 2016, 3 pm ET

Transcript

SLIDE 1

- Hello, and welcome to the pre-application webinar for funding opportunity number HHS-2016-ACF-OCC-TH-1162: Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Implementation and Expansion Grants
- My name is Moushumi Beltangady and I work at the Office of the Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development within the Administration for Children and Families, or ACF, at the US Department of Health and Human Services. I manage the Tribal Maternal, Infant, and Early Childhood Home Visiting Program at ACF.
- This webinar is being webcast at 3:00 PM EDT on February 4, 2016 and will be archived at the Tribal Home Visiting page on the ACF Early Childhood Development website.

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- This webinar is intended to provide prospective applicants for this funding opportunity with an overview of the funding opportunity announcement that became public on January 22, 2016 and is currently available on www.Grants.gov and the Administration for Children and Families (ACF) Funding Opportunity Announcements webpage at <http://www.acf.hhs.gov/grants/open/foa/>.
- To find the announcement, go to www.acf.hhs.gov/grants and click on "Office of Child Care" and find the link for "Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Implementation and Expansion Grants." The direct link to the announcement is also provided on this slide.
- This webinar will attempt to clarify common applicant questions by highlighting information in the FOA. All prospective applicants are strongly encouraged to read the FOA in its entirety and to refer back to the FOA for more detailed information when preparing their applications.
- Applications under this funding opportunity announcement are DUE WEDNESDAY, MARCH 23, 2016 at 11:59 PM EDT.

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- Federal staff will not be responding directly to the questions of listeners during this webinar. All participant lines will be muted. Listening participants will, however, have the opportunity to send written questions to ACF by email during and after the webinar. Potential applicants may submit questions in response to the webinar until 8:00pm ET on Monday, February 15th.
- Questions should be sent to tribal.homevisiting@hhs.gov. Please include the words "Applicant Question TH 1162" in the subject heading of the email, and please include your name, the name of your organization, and your telephone number in the text of the message.

- All questions received prior to 8:00pm ET on Monday, February 15th will be reviewed by ACF staff. A transcript of the webinar, a summary of the questions submitted by the deadline, and the ACF responses will be posted to <http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting> as soon as they become available. Webinar slides will also be posted on this webpage for applicants' future reference.
- Questions applicants may have after 8:00pm ET on Monday, February 15th should be directed to the program and grants contacts listed in the funding opportunity announcement and shown here on the slide.

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- Applicants are strongly encouraged to notify ACF of their intention to submit an application under this announcement.
- The letter of intent should include the following information: number and title of this announcement; the name and address of the applicant organization; and/or Fiscal Agent (if known); and the name, phone number, fax number and email address of a contact person.
- Letter of intent information will be used to determine the number of expert reviewers needed to evaluate applications.
- **The letter of intent is optional.** Failure to submit a letter of intent **will not** impact eligibility to submit an application and **will not** disqualify an application from competitive review.
- Letters of intent may be submitted by email by 11:59 pm ET on February 6th to tribal.homevisiting@acf.hhs.gov, subject line: Tribal MIECHV Implementation and Expansion – Letter of Intent.

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- Again, this is the pre-application webinar regarding funding for the grant program “Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Implementation and Expansion Grants” We will also refer to these as the “Tribal MIECHV Implementation and Expansion Grants” during today’s webinar.
- During the course of this webinar, I will be discussing various aspects of the funding opportunity announcement and the Tribal MIECHV Implementation and Expansion grant program. As I will discuss, the Tribal MIECHV Implementation and Expansion grant program is a 5-year cooperative agreement.
- This FOA is intended for tribal entities that have an established and ongoing experience with implementing high-quality, culturally relevant, evidence-based home visiting services to AI/AN families and children; implementing performance measurement and continuous quality improvement systems; developing early childhood systems; and conducting rigorous evaluation.
- Successful applicants may include existing grantees under the Tribal MIECHV program that are proposing to sustain and/or expand services, as well as other tribal entities that can demonstrate past and ongoing experience with conducting such activities and are proposing to sustain, strengthen, and/or expand efforts in tribal communities to provide high-quality, culturally relevant, evidence-based home visiting services to AI/AN families and children.
- A separate FOA (Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Development and Implementation Grants, HHS-2016-ACF-OCC-TH-1161) is intended for tribal entities without prior and ongoing experience implementing home visiting programs.

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- The statutory authority for this program comes from Section 511 of Title V of the Social Security Act, as amended by the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (Public Law 114-10). This legislation authorizes the Maternal, Infant, and Early Childhood Home Visiting Program, or MIECHV.
- This act authorizes the Secretary of Health and Human Services to award grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct an early childhood home visiting program.
- 3 percent of the total MIECHV Program appropriation (authorized in Section 511(j)) is set aside for grants to tribal entities
- These tribal grants, to the greatest extent practicable, are to be consistent with the requirements of the MIECHV grants to States and territories (authorized in Section 511(c)), and include conducting a needs assessment and establishing benchmarks.

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- Up to 20 cooperative agreements will be awarded under this funding opportunity announcement. A cooperative agreement is a specific method of awarding Federal assistance where substantial federal involvement is anticipated.
- As described in the funding opportunity announcement under Section II "Federal Award Information," the federal involvement and collaboration includes:
 - ACF review and approval of the needs assessment and implementation plan developed in Year 1;
 - ACF involvement in the establishment of policies and procedures that maximize open competition; and rigorous and impartial development, review, and funding of grantee or sub-grantee activities, if applicable;
 - ACF and grantee joint collaboration in the performance of key programmatic activities (e.g., strategic planning, implementation, information technology enhancements, training and technical assistance, publications or products, and evaluation);
 - Close monitoring by ACF of the requirements stated in this FOA that limit the grantee's discretion with respect to scope of services offered, organizational structure, and management processes; and
 - Close ACF monitoring during performance, which may, in order to ensure compliance with the intent of this FOA, exceed those federal stewardship responsibilities customary for discretionary grant activities.
- Expectations for grantee collaboration with federal staff to successfully complete the goals and objectives of these projects are described throughout the funding opportunity announcement.
- To ensure that responsibilities of ACF and grantees are fully understood, a Cooperative Agreement document will be developed incorporating Legislative Authority, Federal regulations and terms and conditions. The document will also identify the duration of the agreement, roles and responsibilities of the grantee and ACF, and reporting requirements. The Cooperative Agreement document must be signed by the Authorized Official of the recipient organization and the ACF Program Official.

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- As part of the cooperative agreement and in accordance with the statutory requirements in Section 511, ACF anticipates providing training and technical assistance to grantees throughout

the 5-year project period. The overall goals of the technical assistance are to build the capacity of grantees to complete needs assessments, planning, capacity building, implementation, performance measurement and continuous quality improvement, and rigorous evaluation activities; and to ensure that programs are implemented effectively and with fidelity to evidence-based models and promising approaches.

- The overall goals of the technical assistance are to build the capacity of grantees to complete needs assessments, planning, capacity building, implementation, benchmark data collection, and rigorous evaluation activities, and ensure that programs are implemented effectively and with fidelity to evidence-based models where appropriate.
- While ACF recognizes that many home visiting models that grantees are likely to implement provide model-specific technical assistance, ACF anticipates providing technical assistance in several areas, including: identifying and accessing data sources and developing methodologies for needs assessments; strategic planning; collaboration and partnerships; communication and marketing; fiscal leveraging; implementing home visiting programs; selecting home visiting model(s), adaptations, and enhancements to meet the target populations' needs; data and information systems; continuous quality improvement; workforce development; strategies for coordinating and providing technical assistance to programs within the community; early childhood systems building; training; outreach; sustainability; and evaluation. The above list of topics is not meant to be exhaustive and ACF intends to tailor technical assistance to meet needs identified by the grantees.

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- Eligible applicants under this FOA are federally recognized Indian tribes (or consortium of tribes), tribal organizations, and urban Indian organizations, as defined by Section 4 of the Indian Health Care Improvement Act, Pub.L. 94-437. A link to this legislation is provided on the slide.
 - **"Indian tribe"** means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;
 - **"Tribal organization"** means the elected governing body of any Indian tribe or any legally established organization of Indians that is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and that includes the maximum participation of Indians in all phases of its activities; and
 - **"Urban Indian organization"** means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).
- Applicants serving an emerging, unserved, or underserved population or remote geographic area are encouraged to apply for funding under this FOA. Collaborative efforts and interdisciplinary approaches are encouraged. Applications from collaborative groups (consortia) must identify a primary applicant responsible for administering the grant (cooperative agreement). Possible partners include but are not limited to AI/AN Head Start, tribal child care, tribal child welfare, and the Indian Health Service, and other health, education, or human service agencies as well as the business community. Applicants must include a fully executed

Tribal Resolution(s) (including number, voting information, and authorized signatures) from the governing body of each tribe agreeing to participate in the project and receive services.

- Applications from individuals (including sole proprietorships) and foreign entities are not eligible and will be disqualified from competitive review and from funding under this announcement.

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- There is \$8 million in total funding available under this funding opportunity announcement.
- Eligible applicants may apply for a minimum of \$250,000 and a maximum of \$1,000,000 per budget period.
- There will be up to 20 cooperative agreements made under this funding opportunity.
- The cooperative agreements awarded will be for a project period of up to 60 months with up to five 12-month budget periods.
- Applicants should provide a budget and budget justification only for the first 12-month budget period. Funds for Years 2-5 will be awarded on the basis of submission and approval of non-competing continuation applications, adequate grantee performance, and availability of funds.
- There is no match requirement for grants awarded under this funding opportunity announcement.

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- The Tribal MIECHV Implementation and Expansion Grants are part of the Maternal, Infant, and Early Childhood Home Visiting Program. MIECHV, the Federal Home Visiting Program, administered by the Health Resources and Services Administration (HRSA) in collaboration with ACF, responds to the diverse needs of children and families in communities at risk and provides an opportunity for significant collaboration and partnership at the federal, state, tribal, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The goals of the MIECHV program are to: (1) strengthen and improve the programs and activities carried out under title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities.
- Information about the HRSA MIECHV grants to states and territories can be found at <http://mchb.hrsa.gov/programs/homevisiting/>.

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- Along with the goals of the overall MIECHV program, the Tribal MIECHV program has the specific goals of:
 - Supporting the development of happy, healthy, and successful American Indian and Alaska Native (AI/AN) children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs;
 - Implementing high-quality, culturally relevant evidence-based home visiting programs in AI/AN communities;
 - Expanding the evidence base around home visiting interventions with Native populations; and

- Supporting and strengthening cooperation and coordination and promoting linkages among various programs that serve pregnant women, expectant fathers, young children, and families, resulting in coordinated, comprehensive early childhood systems in grantee communities.
- Since 2010, ACF and HRSA have supported the planning and implementation of the MIECHV program. Through these and other initiatives, tribal communities have spent years developing strong capacity and infrastructure for delivering evidence-based home visiting services, implementing performance measurement and continuous quality improvement systems, developing early childhood systems, and conducting rigorous evaluation. With 25 grants and \$56.3 million awarded to date, the Tribal MIECHV Program has been an unprecedented expansion of high-quality, culturally-relevant, evidence-based home visiting services for vulnerable AI/AN families and children. More information about the Tribal MIECHV Program, current grantees, and the communities they serve can be found at <http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting>.

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- Funds under the Tribal MIECHV Implementation and Expansion Grants support:
 - Conducting or updating a coordinated community needs and readiness assessment of at-risk tribal communities through a collaborative process that engages all relevant stakeholders;
 - Implementing high-quality, culturally relevant, evidence-based home visiting programs that meet the needs of at-risk tribal communities;
 - Improving and enhancing infrastructure and capacity necessary to implement, sustain, and/or expand home visiting programs in AI/AN communities;
 - Engaging with tribal, local, and state early childhood program partners and other stakeholders to maximize the success of home visiting programs and support the comprehensive needs of pregnant women, parents and caregivers, and children from birth to kindergarten entry living in at-risk tribal communities; and
 - Participating in and/or conducting rigorous program evaluation activities that will contribute to the empirical evidence base on implementation, efficacy, effectiveness, and/or adaptation of home visiting programs in AI/AN communities.

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- The population of focus for this funding opportunity announcement includes American Indians and Alaska Natives in tribal communities, including Indian Tribes or Urban Indian Centers, as defined by Section 4 of the Indian Health Care Improvement Act, Public Law 94-437.
- An eligible family in MIECHV legislation means a woman who is pregnant, and the father of the child if the father is available; or a parent or primary caregiver of a child aged birth through kindergarten entry, including grandparents or other relatives of the child, foster parents who are serving as the child's primary caregiver, and non-custodial parents who have an ongoing relationship with, and at times provide physical care for, the child.
- MIECHV legislation further requires that Tribal MIECHV grantees give priority to serving high-risk groups including: eligible families who reside in at-risk tribal communities in need of such services, as identified in the needs assessment; low-income eligible families; eligible families who are pregnant women who have not attained age 21; eligible families that have a history of child abuse or neglect or have had interactions with child welfare services; eligible families that

have a history of substance abuse or need substance abuse treatment; eligible families that have users of tobacco products in the home; eligible families that are or have children with low student achievement; eligible families with children with developmental delays or disabilities; and eligible families who, or that include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

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- This FOA provides FY 2016 funds for Tribal MIECHV Implementation and Expansion Grants. Funds will support 5-year grants (cooperative agreements) between ACF and tribal entities that are currently operating an evidence-based home visiting program and propose to sustain and/or expand their established infrastructure for home visiting services in tribal communities.
- The activities that grantees carry out throughout this grant will support tribally and locally driven decision-making, development, implementation, and evaluation of grant-funded projects that are high-quality, evidence-based, and culturally responsive to the community. Throughout the cooperative agreement, ACF and contractors will provide technical assistance and support to carry out required activities while respecting tribal sovereignty and self-determination.
- Year 1 of the grants will be for Needs Assessment, Planning, and Capacity Building. Year 1 grant activities are designed to support grantees in refining their understanding of community needs and adjusting, modifying, sustaining, and/or expanding their programs to meet these needs and fulfill grant requirements, without disrupting critical ongoing home visiting services to eligible families.
- In Year 1 of the cooperative agreement, grantees must therefore: (A) conduct or update a comprehensive community needs and readiness assessment; (B) improve and enhance organizational and community infrastructure and capacity to sustain and/or expand high-quality evidence-based home visiting services, conduct performance measurement and continuous quality improvement activities, and engage in rigorous program evaluation; (C) develop an implementation plan that describes how the grantee will carry out these activities during Years 2-5; and (D) maintain existing home visiting services to expectant families and families with young children.
- In Years 2-5 of the cooperative agreement, grantees will fully implement the various components of their implementation plan and work closely with ACF to ensure implementation and evaluation of high-quality, evidence-based home visiting programs in their community. Funds for Years 2-5 will be awarded on the basis of submission and approval of non-competing continuation applications, adequate grantee performance, and availability of funds.

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- Please note: a *Definitions* section is located in the Appendix and provides important additional information about expectations for grantees under this FOA; items that are *italicized* throughout Section 1 of the FOA are defined in the Appendix.

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- Now I will discuss in more detail the required grant activities under this funding opportunity announcement. I will start with Year 1 activities.

- First, grantees will conduct or update a comprehensive community needs and readiness assessment. For the purposes of the Tribal MIECHV program, a thorough needs and readiness assessment has two major components: an assessment of community needs and an analysis of community readiness and capacity of organizations and programs to meet these needs.
- The goals of the needs and readiness assessment that will be conducted or updated by Tribal MIECHV Implementation and Expansion grantees are to identify program and community strengths and needs and, based on this, prioritize goals and strategies to meet needs through sustained, modified, and/or expanded home visiting services. The assessment will give grantees the opportunity to assess the quality and capacity of existing services (including the existing home visiting program) to meet the needs of young children and families in the community, and further develop and sustain partnerships at the community, tribal, and state level. The needs and readiness assessment that Tribal MIECHV Implementation and Expansion grantees will conduct or update in Year 1 must use quantitative and qualitative data collection methods to:
 - Identify the *at-risk tribal community* (or communities) in the grantee's target area by collecting data on the health and well-being of individuals and families in these communities, including both strengths/protective factors and risk factors such as: premature births; low birth weight; infant mortality, including infant death due to abuse and neglect or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high-school dropout; substance abuse; unemployment; and child maltreatment.
 - For the purposes of the Tribal MIECHV program, in order to reflect the diverse circumstances of tribal populations, ACF takes a broad and inclusive view of what constitutes an at-risk tribal community. Grantees may define an at-risk tribal community in the following ways:
 - A tribe or tribes within a discrete geographic region (e.g., on a reservation, Tribal Jurisdictional Service Area, Alaska Native village) could be considered an at-risk tribal community;
 - Subgroups or communities of a tribe or tribes within a discrete geographic region could be considered an at-risk tribal community; or
 - Members of a tribe(s) could live scattered throughout a larger, non-tribal geographic area interspersed with non-tribal members (e.g., AI/AN living in an urban environment) and be considered an at-risk tribal community.
 - Assess the quality and capacity of the existing programs or initiatives for maternal, infant, and early childhood home visiting in the target community. (NOTE: This includes existing, ongoing home visiting services provided to families by the grantee using Tribal MIECHV or other funds, as well as any other programs operating in the community.)
 - Assess the community's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.
 - Assess the community's status and capacity to implement and integrate home visiting services into an early childhood system of support for families, including an assessment of existing or ongoing efforts or resources to develop a coordinated network of supports for expectant families and families with young children at the community level.
- The needs and readiness assessment must involve and engage community stakeholders and partners. In addition, the assessment must be coordinated with and take into account, to the greatest extent possible and as appropriate for the community, other needs assessments conducted by federal, state, tribal, local, and private entities, such as the State MIECHV needs

assessment and those related to maternal and child health; public health; mental health and substance abuse; child abuse and neglect; domestic violence, crime, and poverty; and those conducted by Head Start and Early Head Start and other early care and education programs in the community. Finally, grantees will consider *data-source characteristic, including recency or timeliness of data, geographic boundaries of data, and stability of data*, as they develop and carry out their assessments.

- Through conducting or updating a needs and readiness assessment, grantees will set the stage for strengthened cooperation and coordination and promote linkages among various programs that serve pregnant women, expectant fathers, young children, and families in tribal communities. Coordination across programs helps ensure that high-quality, evidence-based home visiting programs are part of a comprehensive, aligned strategy for improving child and family well-being in tribal communities.

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- Second, grantees will engage in planning and capacity building activities, in which they will improve and enhance infrastructure and capacity necessary to implement, sustain, and/or expand high-quality, culturally-relevant, evidence-based maternal, infant, and early childhood home visiting programs in AI/AN communities. Planning and capacity building activities include, but are not limited to, the following.
 - Based on the results of the needs and readiness assessment, and in partnership with tribal, organizational, and community stakeholders, their local advisory committee, model developers, and ACF, maintaining and/or expanding capacity to implement *evidence-based home visiting models* or promising approaches that meet the needs of the community and families, as well as any necessary cultural or contextual *adaptations and enhancements*. This includes:
 - Determining whether the target population for services should change;
 - Refining program goals and objectives;
 - Assessing the home visiting model(s), adaptations, and enhancements currently being implemented to determine whether they should continue to be implemented or whether another model (or models) and/or set of adaptations and enhancements would better meet the needs of the community and target population;
 - Selecting the model or models the grantee plans to implement;
 - Determining and developing necessary adaptations and enhancements;
 - Working with developers of selected home visiting models to renew or establish formal agreements;
 - Participating in trainings needed to implement selected models, adaptations, and enhancements;
 - Developing or refining program policies and procedures; and
 - Engaging in other activities that will support effective implementation with *fidelity* of the selected home visiting models, adaptations, and enhancements.
 - For the purposes of the Tribal MIECHV program, the term evidence-based home visiting models is used to describe both models that meet the HHS criteria for evidence of effectiveness in tribal communities and models that are considered promising approaches. Grantees under the Tribal MIECHV program may choose to implement both models that meet the HHS criteria for evidence of

effectiveness in AI/AN communities and promising approaches. HHS uses Home Visiting Evidence of Effectiveness (HomVEE, <http://homvee.acf.hhs.gov/>) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry. There is currently one model that meets the HHS criteria for evidence of effectiveness in AI/AN communities. All other home visiting models, including those that have been designated by HHS as meeting criteria for evidence of effectiveness for the general population through the HomVEE review, are currently considered promising approaches for use with AI/AN populations.

- The home visiting models that Tribal MIECHV grantees select must be research-based and grounded in relevant empirically based knowledge, target outcomes specified in the authorizing legislation, be associated with (or developed by or in partnership with) a national organization or institution of higher education, and have comprehensive home visiting program standards that ensure high quality service delivery and continuous program quality improvement. Grantees may incorporate cultural and contextual adaptations or enhancements to their selected models, and must ensure fidelity of implementation of selected home visiting models, adaptations, and enhancements.
- Selecting, developing, and supervising a qualified home visiting program workforce, including managers. This includes considering the ability of existing staff to effectively implement the home visiting program; hiring staff as needed; supporting the training of existing and new staff; developing policies and procedures to support ongoing professional development and continuity of home visiting services; and building, sustaining, and/or expanding infrastructure to ensure the provision of *reflective supervision* as well as administrative and clinical supervision to home visitors funded through the MIECHV grant.
- Developing or improving an integrated data management information system, including considering the ability of existing management information and data systems to support the collection, input, use, and reporting of data, including but not limited to participant demographic and service utilization data, program service delivery data, performance measurement data, and implementation data to support home visiting program quality and fidelity. Grantees will work with ACF and technical assistance providers to develop and/or improve their management information systems to be able to meet the implementation and evaluation needs of the program.
- Enhancing plans and infrastructure to support performance measurement and data-driven *continuous quality improvement* and learning activities. In coordination with efforts to develop or improve management information systems, grantees will develop individualized performance measurement plans that will reflect a re-designed *Tribal MIECHV performance measurement system*. This redesigned system, developed by ACF following consultation with existing Tribal MIECHV grantees and other stakeholders, will support grantees under this FOA to collect, analyze, and use data on program implementation and improvements for the eligible families participating in the program in the legislatively-mandated benchmark areas of: 1) improved maternal, newborn, and child health; 2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits; 3) improvements in school readiness and child academic achievement; 4) reductions in crime or domestic violence; 5) improvements in

family economic self-sufficiency; and 6) improvements in the coordination and referrals for other community resources and supports. More information about the re-designed Tribal MIECHV performance measurement system will be available at the Tribal MIECHV website . Building on these performance measurement plans and management information systems, grantees will build or enhance systems, policies, and processes for conducting data-driven continuous quality improvement and learning activities.

- Working together with tribal and organizational leaders, elders, families, community members, and early childhood partners to consider how best to meet the needs of families from pregnancy to kindergarten entry through the home visiting program and development of an *early childhood system* of support for families. Grantees are expected to continually engage tribal and community stakeholders and partners throughout development and implementation of their home visiting programs to maximize the potential for successful, sustainable, and responsive services. In addition, in partnership with other tribal, local, and state partners (including providers of health, mental health, oral health, early childhood development, home visiting, substance abuse, domestic violence, child maltreatment prevention, child welfare, education, housing, tribal entities, and other social services), grantees must engage in activities to support the development, improvement, and implementation of an early childhood system of support for families that includes home visiting. Where applicable, and in order to support ACF and HRSA's strong commitment to state/tribal collaboration, the list of partners grantees engage should include State MIECHV grantees.
- Engaging in *rigorous program evaluation* planning activities

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- During Year 1, grantees will build capacity to EITHER A) participate in a rigorous multi-site program implementation evaluation involving multiple grantees and developed and overseen by ACF in strong collaboration with participating grantees and tribal communities; OR B) conduct a rigorous local evaluation that examines the efficacy of an evidence-based or promising home visiting model (or components of models) in affecting outcomes of value in tribal communities. **Note: 5 bonus points are offered to applicants who indicate that they plan to participate in the rigorous multi-site program implementation evaluation.**
 - Under option A), grantees will work throughout Year 1 with ACF, an ACF-funded contractor who will manage the multi-site evaluation, and other participating grantees to refine and finalize the evaluation questions, goals, design, and methodology. The purpose of this multi-site implementation evaluation will be to understand factors that support quality implementation and adaptation of home visiting programs in tribal communities, and to explore how implementation relates to proximal and distal outcomes. Grantees will partner with local evaluators, tribal leaders, community members (including a local advisory committee), and the ACF evaluation team to identify local activities and priorities related to this multi-site evaluation and build capacity to carry out these activities.
 - Under option B), grantees will work during Year 1 with ACF, technical assistance providers, local evaluators, tribal leaders, and community members (including a local advisory committee) to develop an iterative evaluation plan that builds towards an efficacy study of the grantee's home visiting program or a component of its home visiting program. This iterative plan will include two stages of work over the course of the grant: First, the grantee will conduct a high quality formative study to assess

whether indicators of proximal outcomes are moving as expected, indicating readiness for an efficacy study. Then, the grantee will conduct an efficacy study that includes a comparison group (e.g., wait-list comparison, randomization to services as usual compared to home visiting, historical comparison) and baseline, 6 month, and one year follow-up data collection on a focused set of outcomes. Grantees that choose option B will also be encouraged to participate in the multi-site implementation evaluation as feasible and relevant.

- Regardless of the option chosen, grantees will use Year 1 to build capacity to carry out rigorous program evaluation activities. This could include locating and securing external evaluation partners (such as independent consultants or institute-of-higher-education-based evaluators) and/or maintaining or growing internal capacity for carrying out evaluation activities (e.g., evaluation planning, establishing measures of implementation quality, data collection, consents, data analysis and interpretation).

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- Third, grantees must develop an implementation plan. Upon award, ACF will provide grantees with detailed guidance for submitting a needs and readiness assessment and an implementation plan that describes how the grantee will carry out required grant activities in Years 2-5, including implementing home visiting services, conducting performance measurement and continuous quality improvement activities, and engaging in rigorous evaluation. This detailed guidance will clearly lay out the deliverables that grantees will be required to submit. Office of Management and Budget (OMB) approval under the Paperwork Reduction Act for this information collection has been requested and is pending. Grantees will be expected to submit the needs assessment and implementation plan within 10 months of the Year 1 award date, with draft submission milestones throughout Year 1.
- Grantees must engage in needs and readiness assessment, planning, and capacity-building activities during Year 1, and are expected to continue serving children and families under their existing home visiting program, but will not fully implement their plan. Pending successful Year 1 activities and submission (within 10 months of the Year 1 award date) of the needs assessment and implementation plan (as well as an approvable non-competing continuation application), funds will be provided for Years 2-5.

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- Fourth, grantees must continue to deliver existing home visiting services. As the Tribal MIECHV Implementation and Expansion Grants are designed for communities with existing and ongoing *home visiting programs*, an important activity during Year 1 of the grant is the continued delivery of home visiting services to *eligible families*. These home visiting programs must:
 - Include home visiting as the primary service delivery strategy (excluding programs with infrequent or supplemental home visiting);
 - Be offered on a voluntary basis to eligible families in at-risk tribal communities; and
 - Target outcomes specified in the MIECHV legislation, including: improved maternal and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-

sufficiency; and improvements in the coordination and referrals for other community resources and supports.

- If the grantee's existing home visiting program has been funded with Tribal MIECHV funds prior to award under this FOA, the grantee may use funds provided under this FOA to support ongoing delivery of services during Year 1.
- If the grantee's existing home visiting program has been funded with non-Tribal MIECHV funds, funds provided to an eligible entity receiving a grant under this announcement shall supplement, and not supplant, funds from other sources for early childhood home visiting programs or initiatives (per the Social Security Act, title V, section 511(f)).
- Grantees must agree to maintain non-Tribal MIECHV funding for home visiting, including in-kind, expended for activities proposed in this application, at a level of effort and expenditure which is not less than expenditures for such activities as of the most recently completed grantee fiscal year.
- Penalties for reducing effort or expenditure would be a proportionate reduction in Tribal MIECHV funds. Tribal MIECHV funds would be reduced by no less than the same percentage reduction applied to non-Tribal MIECHV expenditures to ensure that the Federal Government's share of program costs does not increase.

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- Now I will discuss Year 2-5 activities. In Years 2-5 of the cooperative agreement, grantees will fully implement the various components of their implementation plan and work closely with ACF to ensure implementation and evaluation of high-quality, evidence-based home visiting programs in their community. Grant activities include:
 - Implementing high-quality, culturally relevant, evidence-based home visiting programs that meet the needs of at-risk tribal communities and delivering home visiting services to eligible families;
 - Partnering with tribal, local, and state early childhood stakeholders to ensure a successful home visiting program and support the comprehensive needs of pregnant women, parents and caregivers, and children from birth to kindergarten entry living in at-risk tribal communities through development of an early childhood system;
 - Conducting performance measurement and continuous quality improvement activities; and
 - Engaging in rigorous program evaluation activities that will contribute to the empirical evidence base on implementation, efficacy, effectiveness, and/or adaptation of home visiting programs in AI/AN communities, through participating in a multi-site ACF-led evaluation or a local program evaluation.

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- Applications competing for financial assistance under this funding opportunity announcement will be reviewed and evaluated using the criteria described in *Section V.1* of the FOA, starting on page 43 of the funding opportunity announcement. The corresponding point values indicate the relative importance placed on each review criterion. Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed.
- There are five categories of criteria, including Objectives and Need for Assistance (20 points), Approach (45 points), Organizational Capacity (25 points), Budget and Budget Justification (10

points), and Bonus Points (5 points). The 5 Bonus Points will be awarded to applicants who propose to participate in the rigorous multi-site implementation evaluation.

- Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review.
- Applications will be reviewed and evaluated by objective review panels using the criteria described in *Section V.1*. Each panel is composed of experts with knowledge and experience in the area under review. Generally, review panels include three reviewers and one chairperson.
- Results of the competitive objective review are taken into consideration by ACF in the selection of projects for funding; however, objective review scores and rankings are not binding. Scores and rankings are only one element used in the award decision-making process.
- ACF may elect not to fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested.
- ACF reserves the right to consider preferences to fund organizations serving emerging, unserved, or under-served populations, including those populations located in pockets of poverty. ACF will also consider the geographic distribution of Federal funds in its award decisions.
- ACF may refuse funding for projects with what it regards as unreasonably high start-up costs for facilities or equipment, or for projects with unreasonably high operating costs.
- In addition, federal staff will conduct an administrative review of the applications and the results of the competitive review and will make recommendations for funding to the Director, Office of Child Care.
- With the results of the competitive review and information from federal staff, the Director of the Office of Child Care, in consultation with Deputy Assistant Secretary for Early Childhood Development, will make the final funding decisions. ACF will consider past performance on previous related grants when making funding decisions.
- Awards will be made no later than September 30, 2016, but ACF *may* award some grants by July 1, 2016.

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- ACF requires electronic submission of applications at www.Grants.gov. Applications in response to this program announcement are due by 11:59 pm Eastern Time on March 23, 2016. Electronic applications submitted at 12:00 a.m., ET, on the day after the due date will be considered late and will be disqualified from competitive review and from funding under this announcement.
- Electronic applications will only be accepted via www.Grants.gov. ACF does not accommodate transmission of applications by email or facsimile.
- Applicants are required to submit their applications electronically unless they have requested and received an exemption that will allow submission in paper format. ACF recognizes that some applicants may have limited or no Internet access, and/or limited computer capacity, which may prohibit them from uploading large files at www.Grants.gov. To accommodate such applicants, ACF offers an exemption from required electronic submission. The exemption will allow applicants to submit hard copy, paper applications by hand-delivery, applicant courier, overnight/express mail couriers, or by other representatives of the applicant.
- To receive an exemption from required electronic application submission, applicants must submit a written request to ACF that must state that the applicant qualifies for the exemption

for one of the two following reasons: Lack of Internet access or Internet connection, or Limited computer capacity that prevents the uploading of large documents (files) at www.Grants.gov. More details on exemption requests can be found Section IV.2. Request an Exemption from Required Electronic Application Submission starting on p. 37 of the FOA.

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- The formatting of the application is as follows: In FY 2013 ACF implemented a new application upload requirement. Each applicant applying electronically via www.grants.gov is required to upload only two electronic files, excluding Standard Forms and OMB-approved forms. No more than two files will be accepted for the review. Applications with additional files will be amended and files will be removed from the review. SFs and OMB-approved forms will not be considered additional files.
- File 1: Project Description - The project description is limited to **100** pages and must include the following in this order: Table of Contents; Abstract (one page); Objectives and Need for Assistance; Approach; Organizational Capacity; and Budget and Budget Justification. Applicants should title each section accordingly.
- File 2: Appendices - The appendices are limited to **25** pages and must include the following in this order: Organizational Capacity Supplemental Information (i.e., organizational charts, resumes, documentation of experience in the program area, personnel policies, any other pertinent information the applicant deems relevant), Third-Party Agreements, Proof of non-profit status (if applicable), Indirect Cost Rate Agreement (if applicable), and Tribal Resolutions (if applicable).
- All applications must be double-spaced. An application that exceeds the cited page limitation for double-spaced pages in the Project Description file or the Appendices file will have the last extra pages removed and the removed pages will not be reviewed. Applications must be in Times New Roman (TNR), 12-point font, except for footnotes, which may be TNR 10-point font.
- Some Application Elements are Exempted from Double-Spacing Requirements. The following elements of the application submission are exempt from the double-spacing requirements and may be single-spaced: the table of contents, the one-page Project Summary/Abstract, required Assurances and Certifications, required SFs, required OMB-approved forms, resumes, logic models, proof of legal status/non-profit status, third-party agreements, letters of support, footnotes, tables, the line-item budget and/or the budget justification.
- Applications that fail to adhere to ACF's FOA formatting, font, and page limitation requirements will be adjusted by the removal of page(s) from the application. Pages will be removed before the objective review. The removed page(s) will not be made available to reviewers.

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- As mentioned above, the project description that applicants submit as part of File 1 must include a Table of Contents; Abstract (one page); Objectives and Need for Assistance; Approach; Organizational Capacity; and Budget and Budget Justification.
- Under approach, the applicant must describe the approach it proposes to take in Year 1 to conduct or update a comprehensive community needs and readiness assessment, engage in planning and capacity building activities, develop an implementation plan, and continue delivery of existing home visiting services to children and families. The description of the Year 1 approach should include, at a minimum, but is not limited to, the following elements:

- Identification of the lead entity that will be responsible for conducting Year 1 activities and its organizational capacity to conduct the activities
- A plan for developing and enhancing relationships with tribal leaders, community members, partner agencies, and stakeholders, including a preliminary list and description of agencies and stakeholders that will be involved during Year 1, and the composition of the program's local advisory committee (please see Third Party Agreements later in this section);
- A plan for providing management and oversight for this project, including methodology for ensuring that key staff possess the necessary education, experience, and/or resources to successfully complete Year 1 activities (please see Organizational Capacity for more information);
- A plan and detailed timeline for conducting or updating a comprehensive needs and readiness assessment that meets the requirements described in *Section 1. Funding Opportunity Description, Required Grant Activities: Year 1*, including a preliminary description or definition of the at-risk tribal community or communities to be assessed and a general description of the applicant's anticipated approach and methodology to conducting the assessment during Year 1. It is expected that grantees will fully engage their communities, using partnerships, collaborations, culturally relevant strategies, and innovative methodologies to seek out and gather relevant quantitative and qualitative data as they conduct their assessments.
- An anticipated process and timeline for planning and building capacity during Year 1 to respond to identified needs through an evidence-based home visiting program, enhance plans and infrastructure to support performance measurement and data-driven continuous quality improvement and learning activities, collaborate with community members and early childhood system partners, and engage in rigorous program evaluation planning activities, as described in *Section I. Funding Opportunity Description, Required Grant Activities: Year 1*.
 - The applicant must clearly indicate whether and why the applicant plans to either: A) participate in a rigorous multi-site implementation evaluation involving multiple grantees and developed and overseen by ACF in strong collaboration with participating grantees and tribal communities; or B) conduct a rigorous local evaluation that meets HHS criteria, and describe the applicant's anticipated approach to building capacity to participate in its preferred rigorous evaluation activity.
 - NOTE: 5 Bonus Points will be awarded to applicants who propose to participate in the rigorous multi-site implementation evaluation.
- An anticipated process and timeline for developing and submitting within 10 months of the award date an implementation plan that describes how the grantee will carry out required grant activities in Years 2-5, including implementing home visiting services, conducting performance measurement and continuous quality improvement activities, and engaging in rigorous evaluation (please see Project Timeline and Milestones for more information);
- An anticipated approach to continued delivery in Year 1 of existing voluntary home visiting services to eligible families in a way that supplements, and does not supplant, funds from other non-Tribal MIECHV sources for early childhood home visiting programs or initiatives; and
- Anticipated technical assistance needs related to conducting or updating the needs and readiness assessment; planning and building capacity during Year 1 to respond to

identified needs through an evidence-based home visiting program, enhance plans and infrastructure to support performance measurement and data-driven continuous quality improvement and learning activities, collaborate with community members and early childhood system partners, and engage in rigorous program evaluation planning activities; developing an implementation plan; and continuing to deliver existing home visiting services to eligible participants.

- Under budget and budget justification, applicants should consider the following.
 - The applicant must allocate sufficient funds in the budget to: Provide for the project director and other key partners to attend a 2-3 day kickoff meeting for grantees funded under this FOA to be held within the first 90 days of the grant (Year 1 only) in Washington, DC, as well as one 2-3 day all-Tribal MIECHV grantee meeting in Washington. If the grantee is participating in the multi-site evaluation, the grantee must also allocate sufficient funds to provide for at least two (and up to four) representatives from the grantee to attend one 2-3 day evaluation kickoff meeting in Washington, DC.
 - Due to the nature of the activities conducted under this program, grantees must commit a reasonable and adequate amount of federal funds to comply with the requirements for performance measurement, continuous quality improvement, and rigorous program evaluation. In Year 1, this could entail planning and building capacity to conduct performance measurement and continuous quality improvement activities and engage in rigorous evaluation activities. In Years 2-5, this could include conducting performance measurement and continuous quality improvement activities and engaging in rigorous evaluation activities. In all years, this would include processes to communicate and coordinate these activities with tribal leaders, community members, and the local advisory committee.
 - Please note: The Tribal MIECHV program is a service delivery program. Funds made available to grantees under this FOA must be used to support the delivery of home visiting services under the Tribal MIECHV program. Grant funds may not be used except as provided for in the authorizing legislation (Section 511 of the Social Security Act), applicable implementing program policy issuances, including this FOA and the notice(s) of award, as well as other federal laws, regulations, and policies applicable to the use of federal grant awards.
 - In accordance with the stated objectives of the Tribal MIECHV program, grantees must implement home visiting services that result in improvements in the coordination and referrals for other community resources and supports to support the needs of families in the program. Recipients may coordinate with and refer to direct medical, dental, mental health, or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding may provide reimbursement. The MIECHV program generally does not fund the delivery or costs of direct medical, dental, mental health, or legal services; however, some limited direct services may be provided (typically by the home visitor) to the extent required to implement the selected home visiting model.

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- We would like to provide you with a couple of additional reminders regarding the submission of applications.
- First, applicants are responsible for ensuring that applications are submitted in advance of the application due date and time.

- Second, electronic submission is required unless an exemption is granted by ACF, as described earlier.
- Third, all applicants must have a DUNS Number (<http://fedgov.dnb.comwebform>) and an active registration with the Central Contractor Registry (CCR) on the System for Award Management (SAM.gov/SAM, www.sam.gov). Plan ahead. Allow at least 10 business days after you submit your registration for it to become active in SAM and at least an additional 24 hours before that registration information is available in other government systems, i.e. Grants.gov.
- HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive subawards directly from recipients of those grant funds to:
 - Be registered in the SAM prior to submitting an application or plan;
 - Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 - Provide its active DUNS number in each application or plan it submits to the OPDIV.
- ACF is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, ACF:
 - May determine that the applicant is not qualified to receive an award; and
 - May use that determination as a basis for making an award to another applicant.
- If applicants encounter any technical difficulties in using www.Grants.gov, contact the Grants.gov Support Center at: 1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Support Center is closed on federal holidays. Applicants should always retain Grants.gov Support Center service ticket number(s) as they may be needed for future reference.
- Please note: contact with the Grants.gov Support Center prior to the listed application due date and time does not ensure acceptance of an application. If difficulties are encountered, the Grants Management Officer listed in *Section VII. HHS Awarding Agency Contact(s)* will determine whether the submission issues are due to Grants.gov system errors or user error.

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- As a reminder, potential applicants may submit questions in response to the webinar until 8:00pm ET on Monday, February 15th.
- Questions should be sent to tribal.homevisiting@acf.hhs.gov. Please include the words "Applicant Question TH 1162" in the subject heading of the email, and please include your name, the name of your organization, and your telephone number in the text of the message.
- All questions received prior to 8:00pm EDT on Monday, February 15th will be reviewed by ACF staff. A transcript of the webinar, a summary of the questions submitted by the deadline, and the ACF responses will be posted to <http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting> as soon as they become available. Webinar slides will also be posted on this webpage for applicants' future reference.
- Questions applicants may have after 8:00pm EDT on Monday, February 15th should be directed to the program and grants contacts listed in the funding opportunity announcement and shown here on the slide.

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- Finally, ACF strongly encourages a full and open competition. All the applications that are submitted within the deadline and do not request more than the maximum award will be

reviewed and evaluated by objective review panels using the criteria described in *Section V.1*. We take pride in our objective peer review process and the integrity of our review. We wish all prospective applicants well and good luck! Thank you.